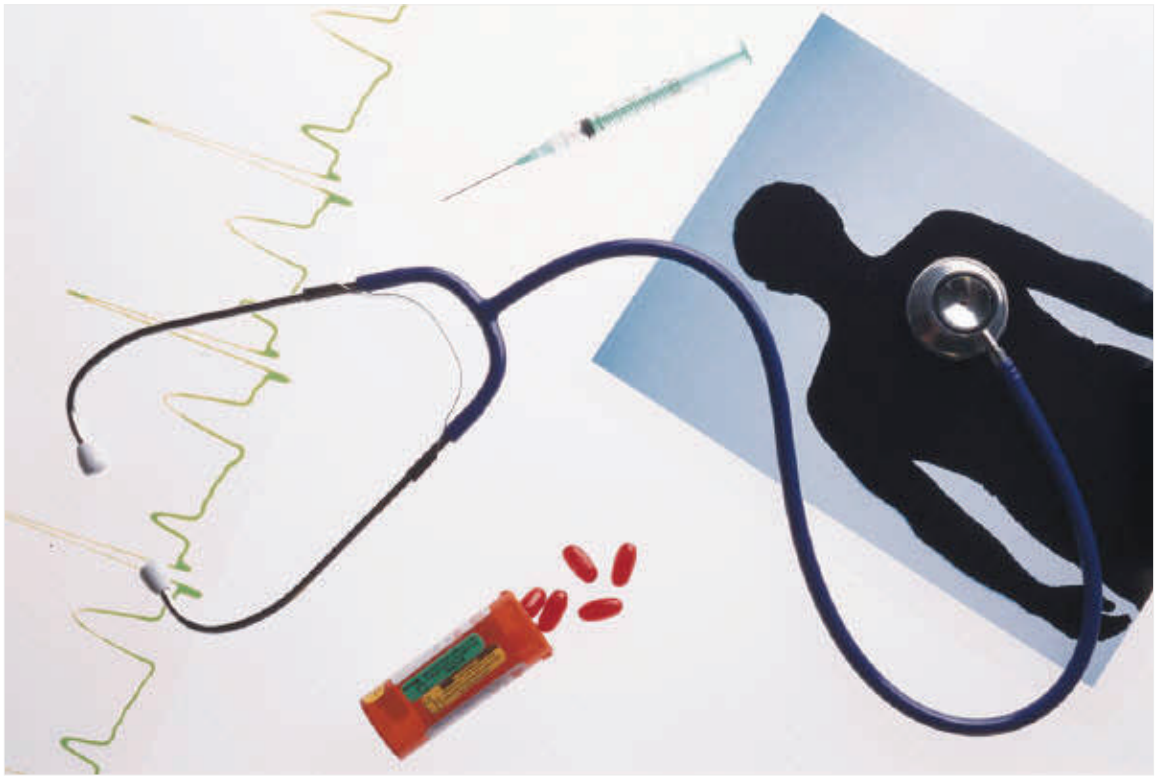
Governor's
State Workforce Investment Board



Health Care Task Force Report

January 2007

Montana
GOVERNOR'S STATE WORKFORCE INVESTMENT BOARD
Governor Brian Schweitzer

January 24, 2007

Governor Brian Schweitzer
State Capitol Building
Helena MT 59601

RE: Health Care Task Force Report

Dear Governor Schweitzer:

I am pleased to present you with the State Workforce Investment Board's (SWIB) Health Care Task Force Report.

In April 2006, the Governor's Office of Economic Development and the Commissioner of Labor and Industry indicated to the SWIB's Economic Development and Business Retention Committee their concerns revolving around the health care industry workforce. They believed this was such an important issue that it should be taken to the SWIB for discussion and further action. The Governor's Office of Economic Development further recommended that SWIB develop a health care workforce subcommittee to evaluate health care staffing shortages across the State. Following the review of a Staffing Survey and an Economic Impact Study conducted by the Montana Hospital Association (MHA) and the Montana Department of Labor and Industry's Research and Analysis Bureau (R&A), that substantiated Montana is experiencing health care workforce shortages, the SWIB's Economic Development Committee decided to bring the recommendation before the SWIB. In June 2006, the SWIB moved to authorize the Chair, in cooperation with the Governor's Office of Economic Development, to appoint members and a Chair for a Health Care Task Force to addresses the following: 1) identify the workforce shortages and the regions where they exist; 2) identify any causes of the shortages; and 3) offer suggestions to address the shortages.

The following report is a summation of the data collected and the discussions and concerns held by the professionals assigned to this work group. I believe you will find that the information contained is a snapshot that confirms efforts by various other groups' attention to this issue. With your concurrence, we intend to use this report as a guide to help facilitate ongoing discussion and direct SWIB Committee projects. This report will be a valuable tool as we continue our work engaging and aligning workforce development, economic development, and education. We believe this particular workforce issue is worthy of continued mindfulness as Montana addresses its aging, underserved, and rural residents.

Additional questions may be addressed to SWIB Director, Leisa Smith (444-1609).

Best regards,

Dan Miles
SWIB Chair

Governor's State Workforce Investment Board
Health Care Task Force Report

January 2007

I. Introduction

In April 2006, a Staffing Survey and an Economic Impact Study were presented to the State Workforce Investment Board (SWIB). This study, conducted by the Montana Hospital Association (MHA) and the Montana Department of Labor and Industry's Research and Analysis Bureau (R&A), presented data that indicated Montana is experiencing health care workforce shortages.

Additional data presented to the SWIB illustrated that Montana's population is projected to grow by 11.2% from 2005 to 2025, but our labor force will only grow by 4.8% over the same period of time. The Census Bureau also projects that Montana's 65 and older population will increase by 64% between 2005 and 2020, mostly from homegrown Montana baby-boomers reaching retirement age. Economic issues associated with this aging population may include increased health care costs, increased health care jobs, and increased burden on the health care system. Health care is a key economic driver for many Montana counties, and while Montana as a whole may not be experiencing health care workforce shortages, certain regions of the state are struggling as indicated in the Montana Hospital Association Vacancy and Turnover Summary (Exhibit 1).

After reviewing this information, the SWIB requested the formation of a Health Care Task Force. The overall purpose of such a group would be to further evaluate health care staffing shortages within the state and the impacts such shortages could have on our state and local economies.

The first meeting of the SWIB Healthcare Taskforce convened on June 16th. The group continued to meet and work throughout the summer to:

- Identify the workforce shortages and the regions where they exist;
- Identify any causes of the shortages; and
- Offer suggestions to address the shortages.

II. Scope

The occupations in health care are numerous so the taskforce narrowed down its focus to a select group of occupations. Those occupations are listed in the Location Quotient Table (see below), created by the Department of Labor and Industry's Research and Analysis Bureau. Additional occupations the task force chose to focus on were those in:

- Emergency Medical Services (EMS);
- Behavioral health workers;
- Public health workers;
- Corrections system workers; and
- Tribal health workers.

The location quotient is a ratio of ratios; it compares number of people per health care worker in a smaller area to number of people per health care worker in a larger area. This allows us to see if we are oversupplied or undersupplied in a given occupation when compared to the nation.

A number below 1.0 indicates that Montana is undersupplied compared to the rest of the nation. A number above 1.0 indicates that Montana has a high average of those workers as compared to the nation.

Occupation	LQ
Medical Assistants	0.58
Physical Therapy Assistants	0.65
Medical and Clinical Laboratory Technicians	0.71
Occupational Therapists	0.83
Occupational Therapist Assistants	0.86
Dental Assistants	0.94
Diagnostic Medical Sonographers	0.94
Pharmacy Techs	0.95
Home Health Aides	0.97
Registered Nurses	1.00
Respiratory Therapists	1.06
Surgical Technologist	1.10
Medical and Clinical Laboratory Technologists	1.18
Family and General Practitioners	1.19
Nursing Aides	1.21
LPNs	1.24
Radiologic Technologists and Technicians	1.25
Pharmacists	1.27
Physical Therapists	1.34
Medical Records and Health Information Technicians	1.38
Dentists, General	1.43

Half of the health care occupations included in this location quotient research indicated that Montana had fewer health care workers per population than nationally. Dr. Eldredge, economist with Department of Labor and Industry's Research and Analysis Bureau, noted that since demand for health care is largely a function of population, a low location quotient could identify an occupation in short supply in Montana.

The location quotient is only a statewide snapshot; additional Health Professional Shortage Area maps (HPSA) from the Montana Department of Public Health and Human Services' Primary Care Office indicate shortages by counties (Exhibits 2 thru 5). Those maps show that some regions may suffer shortages in particular professions while others do not. The taskforce found that particular rural and frontier areas of Montana had difficulty attracting needed health care professionals, including doctors, nurses, dentist, mental health professionals, and others. Other Montana populations may live in areas that do not appear to be underserved but are still unable to get care, i.e., reservations, community health centers, public health departments.

As the HPSA maps indicate, more than half of Montana's counties are medically underserved and many geographic areas are Special Population Designation sights (Low Income). The HPSA maps show shortages throughout the state regarding primary care providers, which are the "drivers" of the health care workforce.

III. Causes of Health Care Workforce Shortages

Once significant shortages were identified, the question to be answered was: Why is recruitment and retention such an issue in Montana? The reasons are varied but the taskforce identified several paramount factors:

Montana is aging.

- By the year 2025, Montana is predicted to be the 3rd oldest state in the country with more than 25% of the population sixty-five years and older. In addition, evidence points to regions, such as Eastern Montana, that are losing population at a higher rate and have a higher percentage of an aging workforce than other regions in the state (Exhibit 6).
- With more people aging and with life expectancy rising to 74 years for men and 80 years for women, there will be a call for more emergency care and intensive care needs and this is expected to result in the need for an increase in numerous health care professionals.
- Many of Montana's health care professionals are themselves aging and leaving the workforce.

Montana is a large rural state resulting in distance and transportation issues.

Many areas, especially in the eastern portion of the state, are geographically isolated communities that have limited and sporadic health care infrastructure. With so many rural counties and townships, the recruitment and retention of health care professionals is a constant struggle.

- Some cultural amenities are lacking; for instance, those that do not relate to the outdoors.
- Metropolitan-trained medical personnel may have difficulty adjusting to small rural town life.
- Smaller communities provide less, or a total lack of, collegiality and professional growth.
- Stress of being on call 24/7, especially if one has not been trained for emergency or specialty care.

Wage and benefit constraints often result in extended vacancies and excessive turnover.

- Recruitment of health care workers is expensive. When vacancy rates reach high single or double digits, the cost to the health care facility is significant and its likely impact on other resources such as workload, staff replacements, overtime, etc. will be significant and absorbed by others.
- A private practice physician's patient population mix drives that physician's income more so than a hospital's income, which has to be more in keeping with market wage to retain its practitioners.

Education is often inaccessible with significant costs.

- Advanced health care education, clinical experiences, continuing education, and professional development are limited, especially in rural areas. Many Montanans who pursue advanced medical degrees must leave the state and often don't return. Once their training is completed a majority do not find enough incentive to return especially with the need to pay off substantial loans as a result of the high cost of medical school.
- Nursing programs lack the capacity to take on enough students in clinical training. For instance, Montana Tech is experiencing a bottleneck of students needing clinical sites.
- Facility staff burn out: preceptors train students out of goodwill; they are not paid extra.
- The Nursing Board cannot approve rural programs, which find it difficult to compete with the university programs.

- Few health care apprenticeships are available.

Related Issues

- A facility's reputation, salary, union status, and autonomy impact student interest in a program.
- Applied practice of autonomy, inclusion decision making, management's respect of workers, work load, shifts worked, and continuing education impact recruitment and retention.

IV. Suggestions & Recommendations:

The taskforce has compiled a broad array of issues that confront Montana's health care workforce system. These suggestions and recommendations are broad and run the gamut:

- Marketing and outreach;
- Education, training and apprenticeships;
- Efforts of other groups with a stake in Montana's workforce; and
- Data collection and technology.

The SWIB will have a range of ideas for its future consideration of the health care work force.

SWIB

The SWIB should:

- Continue to improve communication and ongoing coordination with other entities that have a stake in the health care workforce, including other state agencies, private entities, the university system, associations, tribes, etc.;
- Consider the continuation of the Health Care Task Force or maintain a continuing focus on the health care workforce through one of its standing committees, as health care is a big driver of budgets and economic development; and
- Continue its work in recognizing the broad scope of the health care work force, including impacts on areas that are often considered outside the state's system, including the reservations and the Department of Corrections.

Marketing and Outreach

- SWIB can advocate greater public-private partnerships;
- SWIB can continue to bring the business community to the table;
- SWIB can call for increased youth outreach for health professions:
    - Include programs with a focus on Native American students;
    - Hospitals can hold career days; and
    - Hospitals and Community programs could:
        - Offer health care demonstrations and presentations;
        - Donate FTE to go to schools to educate on Medical opportunities; and
        - Gain other "not for profits" involvement as part of their community benefit services.
- SWIB can encourage larger hospitals to outreach to small communities where they are affiliated with small hospitals.
- Washington, Wyoming, Alaska, Montana, Idaho Medical Education Program (WWAMI) and Western Interstate Commission for Higher Education (WICHE) students can work with schools as part of their training.

- SWIB can encourage the medical community to reach out to the 30- to 45-year-old population that has been out of the health care workforce and wants to return to it, i.e., the Retired Nurses Association.

Education, Training & Apprenticeship

Montana has made strides in addressing a projected nursing shortage by expanding nursing education programs across the university system and by creating career ladders within those programs. Improvements in other areas can include:

- Refresher courses for licensed individuals who have been out of the workforce for period of time, particularly for nurses and laboratory scientists.
- Distance or internet learning, for skills training and confidence building.
- Maximize the use of on-line courses
- Consider other states' training programs as models; for instance, Oregon's computerized management of clinical training.
- Improve apprenticeship opportunities in health care, a high growth industry. Of the 48 Federally Apprentice-able health care-related fields, only one is currently being utilized in Montana: Lead Pharmacy Technician Level III.

Data Collection

While gaps remain in some of Montana's data collection abilities, efforts continue to improve upon Montana's abilities. State agencies continue to improve their abilities to share information. More refined data would assist policy makers, the university system, and the workforce system better plan for the future and more accurately understand the landscape of Montana's workforce. Some remaining gaps include:

- Licensing data is inaccessible to private research, largely voluntarily reported, and lacks specificity.
- Department of Labor and Industry's Research and Analysis Bureau receives federal funding to collect data, but this comes with restrictions on data access, largely to maintain data confidentiality in small communities.
- Department of Labor and Industry's Research and Analysis Bureau's numbers consider the economic impact of private sector health care, not publicly funded programs.
- Data systems and bases are incompatible "stand alones". Work is being done to coordinate better between state agencies, but a gap will still remain between the public and private systems.
- There is not one common core data set that everyone collects; thus aggregating data from a variety of sources becomes a challenge.

The SWIB may wish to consider the following:

- Request that Department of Labor and Industry's Research and Analysis Bureau produce an annual or biannual status report on Montana's health care workforce.
- Work with others, such as the Montana Hospital Association, on poll surveys to understand Montana's health care workforce

Technology

The technological capabilities in health care are expanding every day. Technology can not only assist in the form of new machines for treatments and analysis, it is creating new opportunities in workforce development. Technology can be used not just for distance training but to fill other health care gaps. In lieu of health care workers on site, telemedicine can be used in such areas as:

- Surgery consultation;

- Mental health services;
- Follow-up treatments;
- Health education for patients

A challenge remains in implementing such technology, however. Smaller, rural facilities have more difficulty getting the grants that help make use of these tools possible.

Other Workforce Efforts across Montana

These efforts include:

- MSU Billings' On-Line Health Career Pathways is a model for attracting students statewide.
- WWAMI's 3rd year medical school track in MT (Missoula, Billings) helps to improve the chances of a medical student returning to Montana to practice medicine.
- Office of the Commissioner of Higher Education (OCHE) Physician Initiative Montana can make improvements in some efforts:
    - Explore expansion of residency programs in Montana;
    - Improve the rural physician incentive program for recruitment of physicians; and
    - Study the feasibility of expanding the Graduate Medical Education program and determining if state's needs can be met in a cost-effective way, particularly with regard to the mal-distribution of practicing physicians.
- EMS Taskforce
    - A taskforce has been convened through DPHHS to examine the crisis in the Emergency Medical System. In an effort to avoid replication of work, the Healthcare Taskforce did not further investigate the related professions, but recommended the SWIB continue to stay abreast of developments from the DPHHS taskforce. The taskforce's finding to this point:
        - Volunteer time and money are required to train and become licensed;
        - No value-added incentives exist (retirement);
        - Better support systems are needed (training and leadership); and
        - Community awareness needs to be improved.
- Clinical Laboratory Science
    - Improve training opportunities for clinical laboratory sciences in Montana to increase retention of those students.

Creative Incentives & Partnerships across the State

The taskforce came across many creative staffing and other health care solutions already in place around the state. Here are some examples the SWIB might be interested in hearing about when considering these issues:

- At White Sulphur Springs Hospital, Katherine Ann Campbell staffs the facility with a Helena physical therapist, whom she lodges and boards for free on days he is at WSSH providing services.
- The hospital in Wheatland County does not offer its staff health insurance. Instead, the hospital offers a way for employees to contribute annual amounts to a hospital pool, and employees can in turn receive their health care free of charge from the hospital.
- Wheatland County has no pharmacist to fill prescriptions locally. The hospital worked with St. Vincent's in Billings to install a pharmaceutical vending machine that would allow a local pharmacy technician to send prescriptions electronically to Billings, which are then returned and filled electronically. The pharmacy includes video phone patient counseling with the Billings pharmacist.

- The Pharmacy Board has visited with an insurance company regarding an in-house clinic for employees, staffed a few days a week by a physician and a part-time pharmacist.
- Work with banks on offering low home loan rates to entice health care professionals to Montana communities.

V. Conclusion:

The contents of this report are intended for the edification of the State Workforce Investment Board (SWIB) regarding the status of the Health Care Work Force in the state of Montana. This report is also hoped to be a tool for the SWIB in considering any long and short term strategies that would be helpful for the Governor and his visions for improved partnerships between economic development, workforce development, and education. This report, along with other recent reports, both national and local, support the premise that the Health Care industry is growing, is experiencing pockets of shortages, and necessitates the need to be monitored. Montana is an aging "frontier" state with numerous challenges in addressing health care shortages. However, the SWIB Health Care Task Force believes that establishing an on-going communication network with all identified stakeholders will be of great value in unearthing creative means to improve and preserve an already established health care workforce and bringing into the state health care providers genuinely interested in providing care and services to our unique state.

Key Contributors

Healthcare Taskforce Members

Karen Sullivan, Chair	Community Medical Center Missoula, MT 59804
Lisa Addington	Montana Department of Labor and Industry Helena, MT 59601
Beverly Barnhart	*Aging* Bozeman, MT 59715
Mike Downing, DDS	Yellowstone City-County Health Department Billings, MT 59101
Keith Kelly	Department of Labor and Industry Helena, MT 59624
Deb Matteucci	Addictive & Mental Disorders Division *DPHHS/DOC* Helena, MT 59601
Scot Mitchell	Wheatland Memorial Hospital Harlowton, MT 59036
LeeAnna Muzquiz, MD	Ronan Tribal Health Pablo, MT 59855
Wendy Palmer	Red Cross Raynesford, MT 59469
Cindy Stergar	Butte Community Health Center Butte, MT 59701
Pat Wise	Montana Nurses' Association Helena, MT 59601

Taskforce Staff

Leisa Smith, Director	State Workforce Investment Board Helena, MT 59624
Chris Wilhelm	State Workforce Investment Board Helena, MT 59624
Mary Eve Pietrukowicz	State Workforce Investment Board Helena, MT 59624
Emily Lipp Sirota	Governor’s Office of Economic Development Helena, MT 59624

Document List

Apprenticeship

- A list of federally apprentice-able health care trades

Blue Ribbon Task Force

- Governor Martz's Blue Ribbon Task Force on Healthcare Workforce Shortages – Final Report, September 26, 2002
- Montana Primary Care Liaison Group's Analysis of the Governor Martz's Blue Ribbon Task Force's Report and Future Recommendations
- Primary Care Liaison Group's review and analysis of *Governor Martz's Blue Ribbon Task Force on Health Care Workforce Shortages*, and recommendations of the PCLG follow-up activities

Dental

- Actively Practicing Montana Dental Association Members
- Addressing the Dental Workforce in Montana: Regional Initiative in Dental Education (RIDE) Program
- Dental Workforce Analysis
- Request to consider expanding the functions for Dental Auxiliaries, comment by Mike Downing, DDS

Department of Commerce

- Number of people age 65 and over by county projected in the future

Department of Labor & Industry, Licensing Bureau

- County and licensing report for Dental Hygienists, Clinical Laboratory Science, and Physician Assistants

Department of Labor & Industry, Research & Analysis Bureau

- Health Care Occupations Data
- Health Care Projections 2004 – 20014
- Number of people in Montana age 65 and older – 2004 data
- Percent of the population age 65 and older – 2004 data
- Report identifying where Montana has shortages and where none are evident

Department of Labor & Industry, Workforce Services Division

- Statewide health care job orders
- Statewide health care job orders for state positions

Department of Public Health and Human Services

- Montana's Medically Underserved Areas and Populations – 2005 data
- Montana Dental HPSA
- Montana Primary Care HPSA

Education and Training

- Recommendations to the Board of Regents regarding solutions to the state's physician shortage and mal-distribution problems
- Health Career Pathways at MSU-Billings

Emergency Medical Services (EMS)

- EMS task force is addressing shortages relative to EMS workers

Document List

Mental Health

- Annapolis Coalition – Rural Mental Health Workforce Development
- UAS Health Sciences – Alaska's Behavioral Health Workforce Initiative

Nursing

- Montana Health Care Association's (MHA) annual survey of nursing staffing showing data from 2003, 2005, and 2006
- North Central Montana Rural Nursing Education Partnership Final Pilot Project Report, November 2005
- Nursing wage report from the Montana Nurses' Association (MNA)
- Summary article fro the American Nursing Association (ANA) regarding recruitment and retention
- Survey of 76,000 Nurses Probes Elements of Job Satisfaction

Other

- Montana WWAMI Program's Medical Students will be Able to Spend Entire Third Year in Montana
- Pulse of the Health Care Workforce in Western Montana

Appendix

Exhibit 1

Montana Hospital Association Totals for All Nursing & Allied Health		
Vacancy %		
2003= 5.3%	2005 = 6.9%	2006 = 7.1%
Turnover Rate		
2003 = 19.5	2005 = 16.0%	2006 = 21.8%
Totals Critical Access Hospitals		
Vacancy %		
2003 = 8.0%	2005 = 9.0%	2006 = 4.2%
Turnover Rage		
2003 = 22.6%	2005 = 20.8%	2006 = 1807%
Region 1		
Vacancy %		
2003 = 3.6%	2005 = 4.6%	2006 = 5.1%
Turnover		
2003 = 21.2%	2005 = 17.5%	2006 = 18.9%
Region 2		
Vacancy %		
2003 = 5.0%	2005 = 8.9%	2006 = 9.1%
Turnover Rate		
2003 = 15.2%	2005 = 9.7%	2006 = 21.1%
Region 3		
Vacancy %		
2003 = 5.7%	2005 = 8.4%	2006 = 7.5%
Turnover Rate		
2003 = 19.5	2005 = 18.5%	2006 = 14.1%
Region 4		
Vacancy %		
2003 = 5.7	2005 = 5.7%	2006 = 6.9%
Turnover Rate		
2003 = 18.8%	2005 = 25.8%	2006 = 26.6%
Region 5		
Vacancy %		
2003 = 6.8%	2005 = 7.0%	2006 = 6.9%
Turnover Rate		
2003 = 21.8%	200513.3%	2006 = 23.7%

Exhibit 2

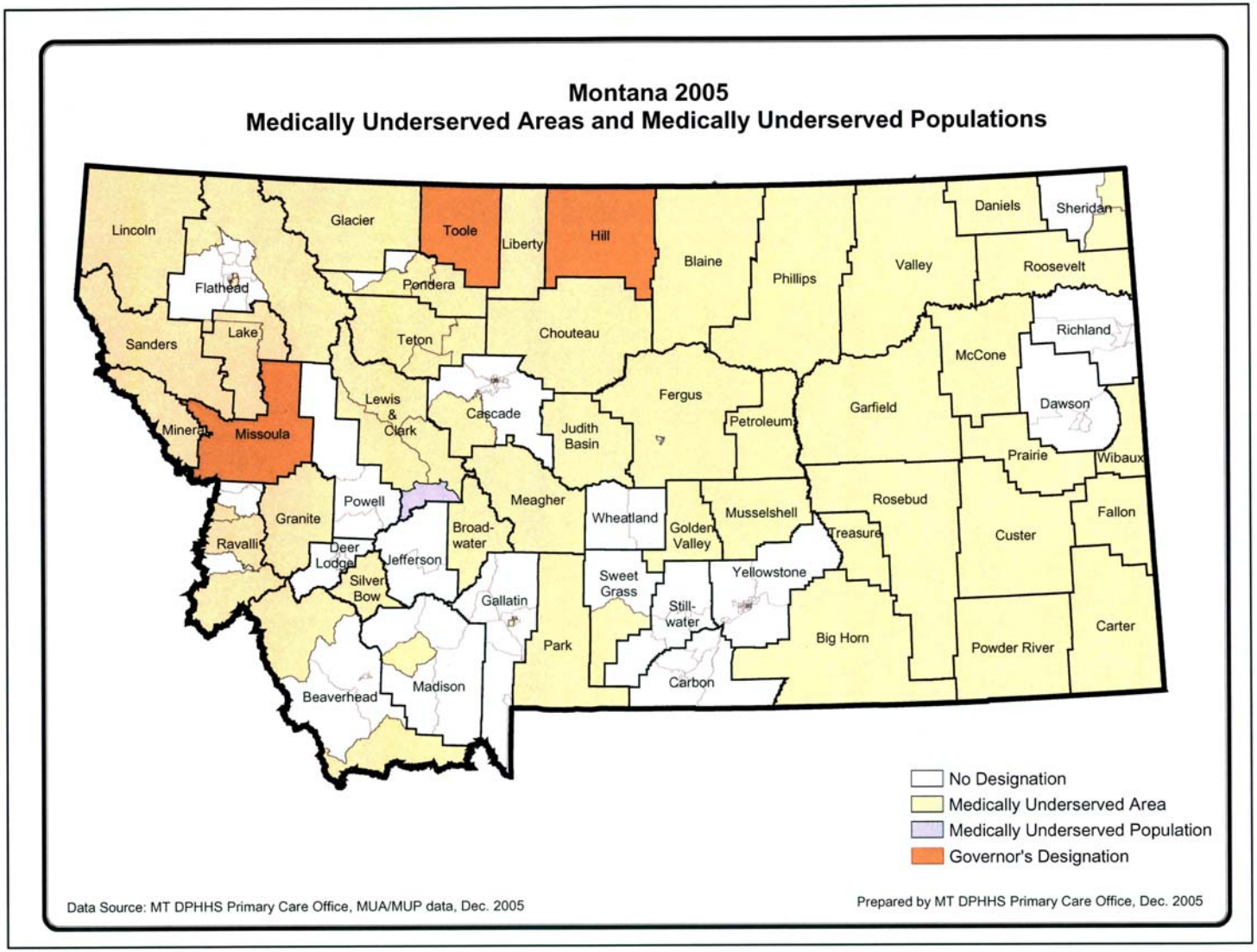

Montana 2005
Medically Underserved Areas and Medically Underserved Populations
Lincoln
Glacier
Toole
Liberty
Hill
Blaine
Phillips
Valley
Daniels
Sheridan
Roosevelt
Flathead
Pondera
Sanders
Lake
Teton
Chouteau
Richland
McCone
Lewis & Clark
Cascade
Fergus
Garfield
Dawson
Mineral
Missoula
Judith Basin
Petroleum
Prairie
Wibaux
Powell
Meagher
Rosebud
Granite
Wheatland
Musselshell
Fallon
Ravalli
Broad-water
Golden Valley
Treasure
Custer
Deer Lodge
Jefferson
Silver Bow
Sweet Grass
Yellowstone
Gallatin
Still-water
Carter
Park
Big Horn
Powder River
Beaverhead
Madison
Carbon
No Designation
Medically Underserved Area
Medically Underserved Population
Governor's Designation
Data Source: MT DPHHS Primary Care Office, MUA/MUP data, Dec. 2005
Prepared by MT DPHHS Primary Care Office, Dec. 2005

Exhibit 3

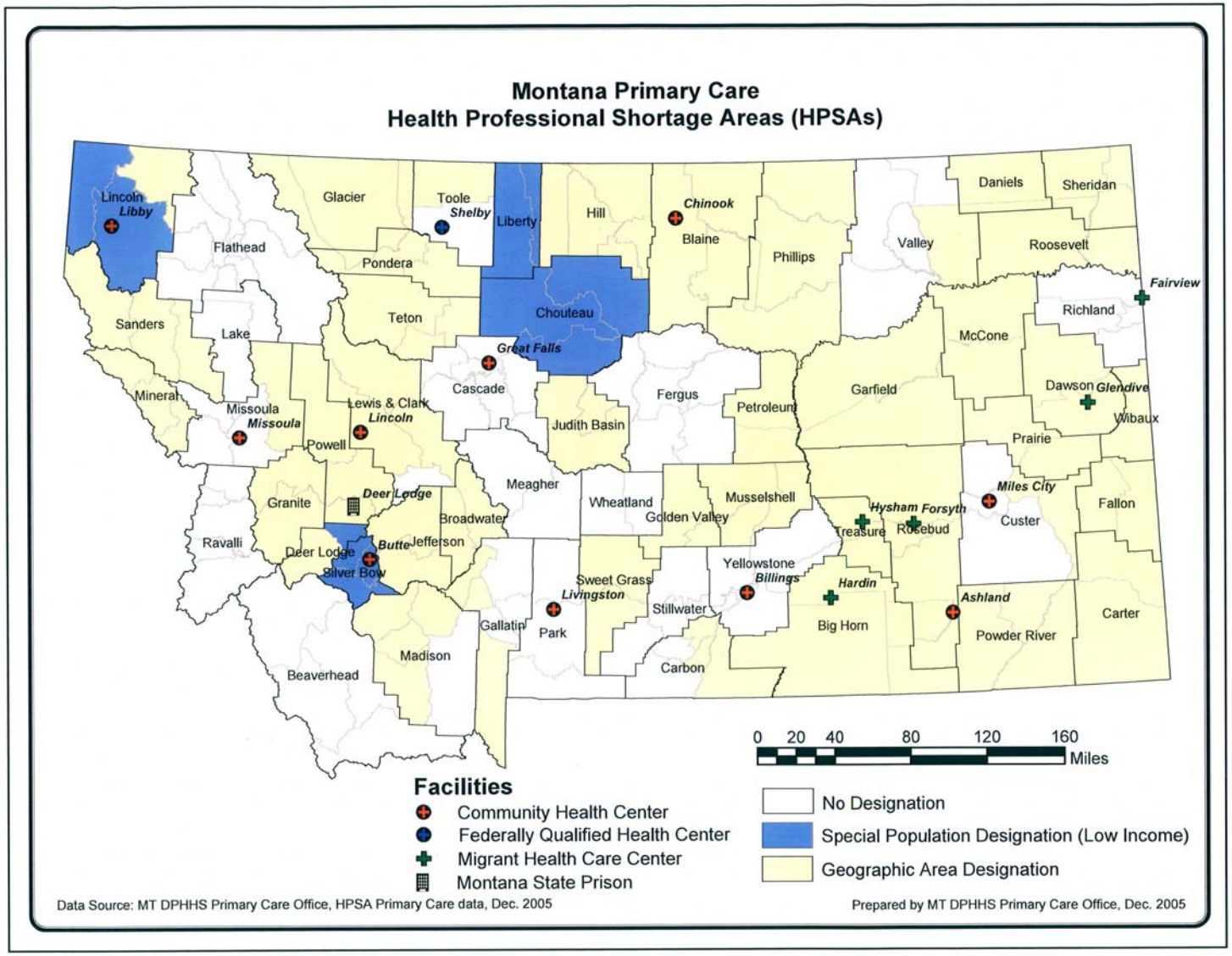

Montana Primary Care
Health Professional Shortage Areas (HPSAs)
Lincoln
Libby
Flathead
Glacier
Toole
Shelby
Liberty
Hill
Chinook
Blaine
Phillips
Valley
Daniels
Sheridan
Roosevelt
Fairview
Richland
McCone
Pondera
Teton
Chouteau
Great Falls
Sanders
Lake
Mineral
Missoula
Missoula
Lewis & Clark
Lincoln
Powell
Cascade
Fergus
Petroleum
Garfield
Dawson
Glendive
Wibaux
Prairie
Judith Basin
Meagher
Granite
Deer Lodge
Broadwater
Wheatland
Golden Valley
Musselshell
Miles City
Custer
Fallon
Hysham
Forsyth
Treasure
Rosebud
Ravalli
Deer Lodge
Butte
Silver Bow
Jefferson
Yellowstone
Billings
Sweet Grass
Livingston
Stillwater
Hardin
Big Horn
Ashland
Powder River
Carter
Gallatin
Park
Madison
Beaverhead
Carbon
0 20 40 80 120 160
Miles
Facilities
Community Health Center
Federally Qualified Health Center
Migrant Health Care Center
Montana State Prison
No Designation
Special Population Designation (Low Income)
Geographic Area Designation
Data Source: MT DPHHS Primary Care Office, HPSA Primary Care data, Dec. 2005
Prepared by MT DPHHS Primary Care Office, Dec. 2005

Exhibit 4

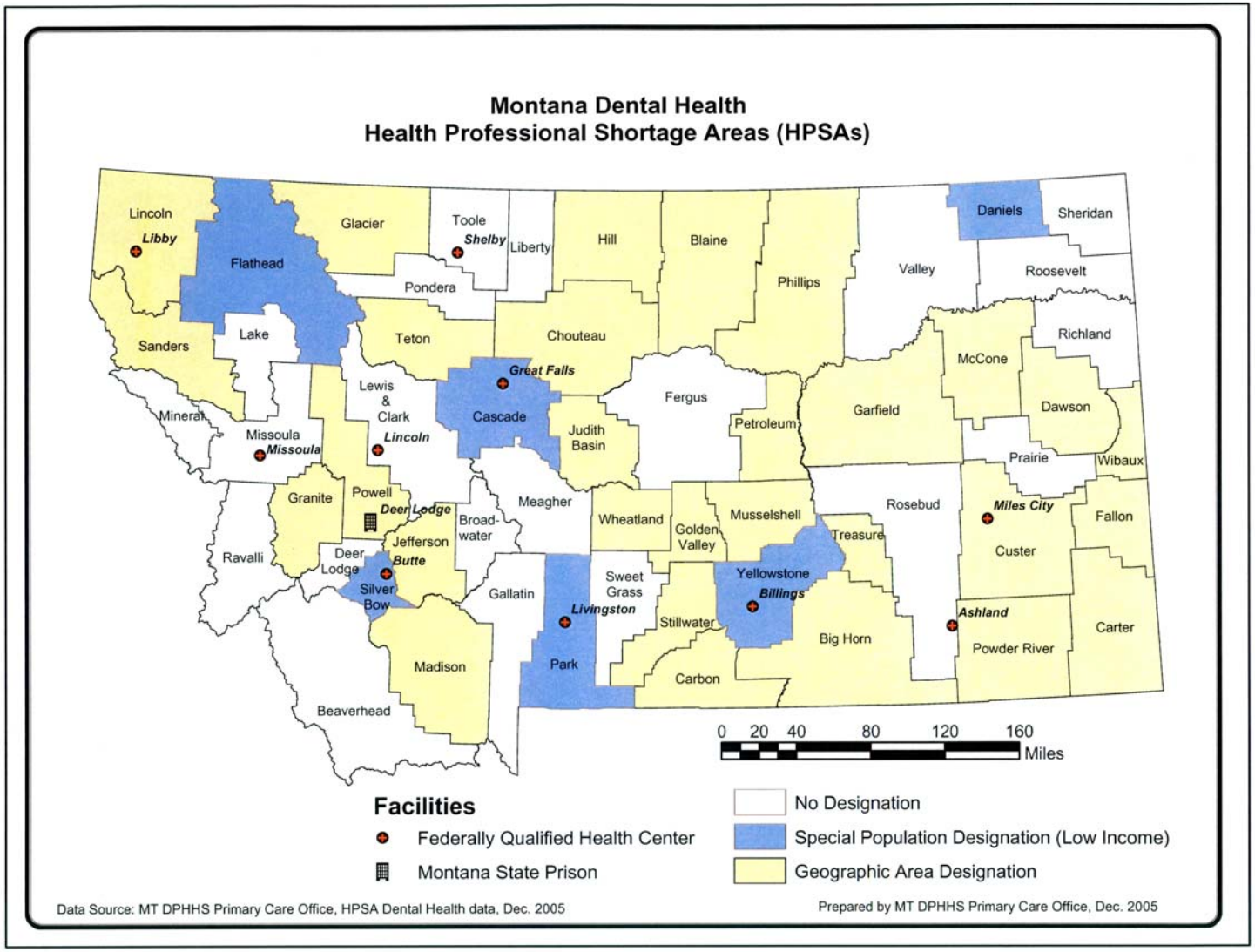
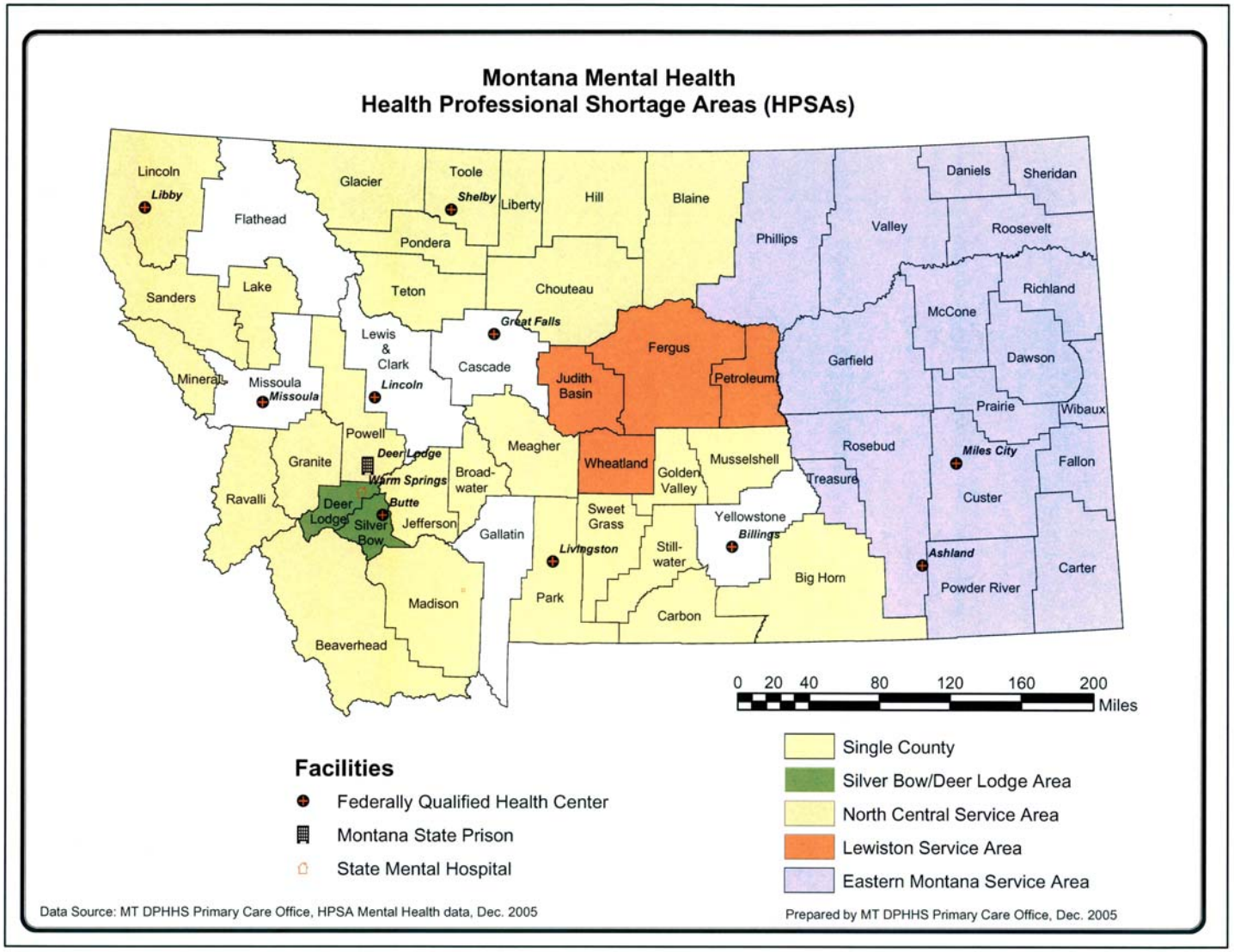
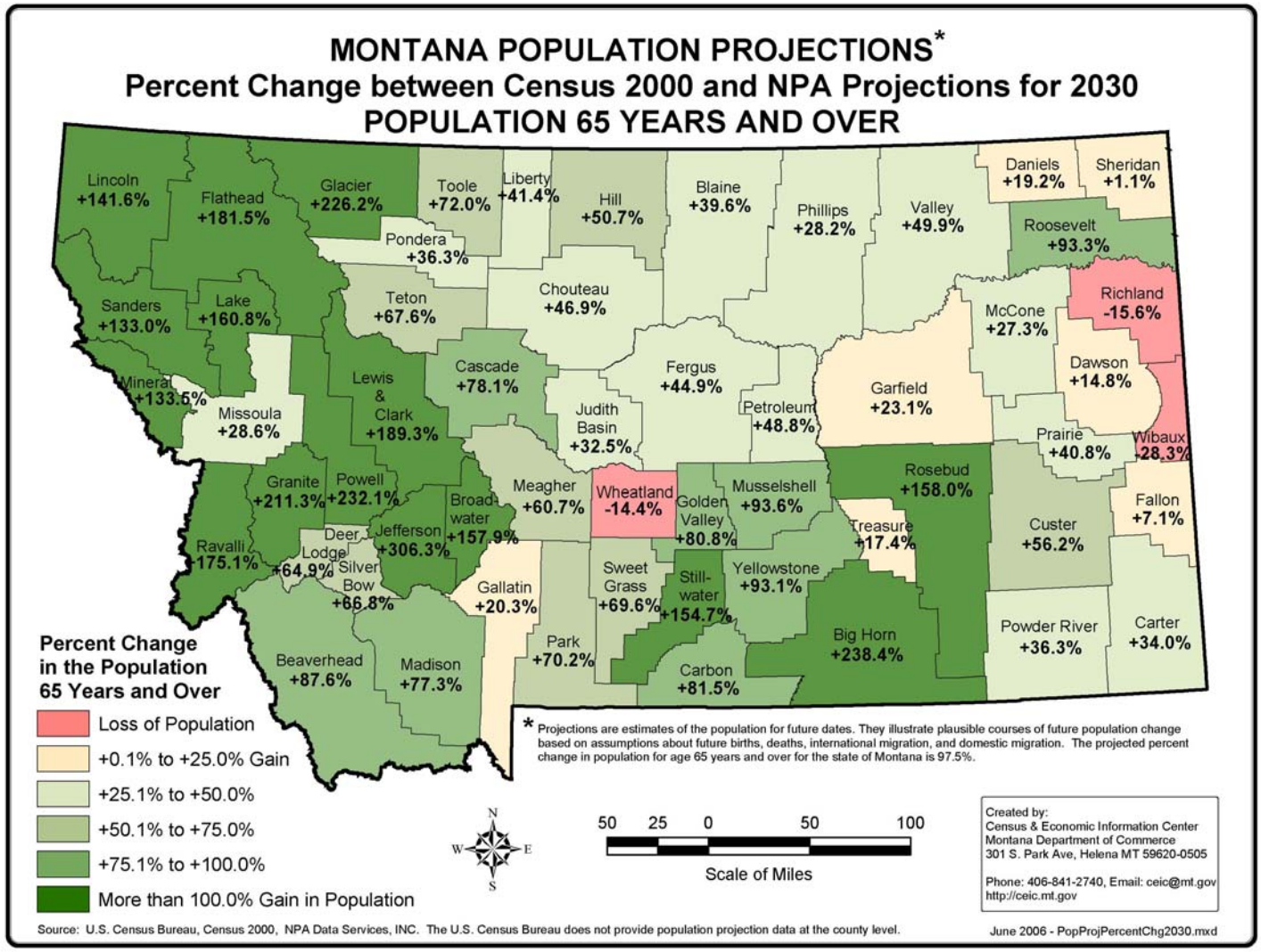

Montana Dental Health
Health Professional Shortage Areas (HPSAs)
Lincoln
Libby
Flathead
Glacier
Toole
Shelby
Liberty
Hill
Blaine
Phillips
Valley
Daniels
Sheridan
Roosevelt
Richland
McCone
Dawson
Garfield
Prairie
Wibaux
Fallon
Custer
Miles City
Rosebud
Treasure
Musselshell
Golden Valley
Wheatland
Meagher
Broad-water
Powell
Deer Lodge
Granite
Ravalli
Jefferson
Butte
Deer Lodge
Silver Bow
Gallatin
Madison
Beaverhead
Sweet Grass
Livingston
Park
Stillwater
Carbon
Yellowstone
Billings
Big Horn
Ashland
Powder River
Carter
Pondera
Teton
Chouteau
Great Falls
Cascade
Fergus
Judith Basin
Petroleum
Lewis & Clark
Lincoln
Missoula
Missoula
Mineral
Sanders
Lake
0 20 40 80 120 160
Miles
Facilities
Federally Qualified Health Center
Montana State Prison
No Designation
Special Population Designation (Low Income)
Geographic Area Designation
Data Source: MT DPHHS Primary Care Office, HPSA Dental Health data, Dec. 2005
Prepared by MT DPHHS Primary Care Office, Dec. 2005

Exhibit 5


Montana Mental Health
Health Professional Shortage Areas (HPSAs)
Lincoln
Libby
Flathead
Glacier
Toole
Shelby
Liberty
Hill
Blaine
Phillips
Valley
Daniels
Sheridan
Roosevelt
Pondera
Teton
Chouteau
Sanders
Lake
Great Falls
Lewis & Clark
Lincoln
Cascade
Fergus
Judith Basin
Petroleum
Garfield
McCone
Richland
Dawson
Prairie
Wibaux
Mineral
Missoula
Missoula
Powell
Deer Lodge
Warm Springs
Granite
Ravalli
Deer Lodge
Silver Bow
Butte
Jefferson
Broad-water
Meagher
Wheatland
Golden Valley
Musselshell
Rosebud
Miles City
Fallon
Treasure
Custer
Sweet Grass
Yellowstone
Billings
Gallatin
Livingston
Still-water
Big Horn
Ashland
Carter
Powder River
Madison
Park
Carbon
Beaverhead
0 20 40 80 120 160 200
Miles
Facilities
Federally Qualified Health Center
Montana State Prison
State Mental Hospital
Single County
Silver Bow/Deer Lodge Area
North Central Service Area
Lewiston Service Area
Eastern Montana Service Area
Data Source: MT DPHHS Primary Care Office, HPSA Mental Health data, Dec. 2005
Prepared by MT DPHHS Primary Care Office, Dec. 2005


MONTANA POPULATION PROJECTIONS*
Percent Change between Census 2000 and NPA Projections for 2030
POPULATION 65 YEARS AND OVER
Lincoln +141.6%
Flathead +181.5%
Glacier +226.2%
Toole +72.0%
Liberty +41.4%
Hill +50.7%
Blaine +39.6%
Phillips +28.2%
Valley +49.9%
Daniels +19.2%
Sheridan +1.1%
Roosevelt +93.3%
Pondera +36.3%
Teton +67.6%
Chouteau +46.9%
Richland -15.6%
McCone +27.3%
Sanders +133.0%
Lake +160.8%
Dawson +14.8%
Cascade +78.1%
Fergus +44.9%
Garfield +23.1%
Lewis & Clark +189.3%
Judith Basin +32.5%
Petroleum +48.8%
Prairie +40.8%
Wibaux +28.3%
Missoula +28.6%
Rosebud +158.0%
Granite +211.3%
Powell +232.1%
Meagher +60.7%
Wheatland -14.4%
Musselshell +93.6%
Fallon +7.1%
Broadwater +157.9%
Golden Valley +80.8%
Treasure +17.4%
Custer +56.2%
Deer Lodge +64.9%
Jefferson +306.3%
Ravalli +175.1%
Silver Bow +66.8%
Sweet Grass +69.6%
Still-water +154.7%
Yellowstone +93.1%
Gallatin +20.3%
Big Horn +238.4%
Powder River +36.3%
Carter +34.0%
Park +70.2%
Beaverhead +87.6%
Madison +77.3%
Carbon +81.5%
Percent Change in the Population 65 Years and Over
Loss of Population
+0.1% to +25.0% Gain
+25.1% to +50.0%
+50.1% to +75.0%
+75.1% to +100.0%
More than 100.0% Gain in Population
N
W
E
S
50 25 0 50 100
Scale of Miles
* Projections are estimates of the population for future dates. They illustrate plausible courses of future population change based on assumptions about future births, deaths, international migration, and domestic migration. The projected percent change in population for age 65 years and over for the state of Montana is 97.5%.
Created by:
Census & Economic Information Center
Montana Department of Commerce
301 S. Park Ave, Helena MT 59620-0505
Phone: 406-841-2740, Email: ceic@mt.gov
http://ceic.mt.gov
Source: U.S. Census Bureau, Census 2000, NPA Data Services, INC. The U.S. Census Bureau does not provide population projection data at the county level.
June 2006 - PopProjPercentChg2030.mxd